

Amendments to House Bill No. 498
1st Reading Copy

Requested by Representative Kathleen Williams

For the House Human Services Committee

Prepared by Hope Stockwell
February 23, 2015 (2:15pm)

1. Title, page 1, line 9.

Following: "DATE"

Insert: "AND AN APPLICABILITY DATE"

2. Page 2, line 1.

Strike: ", outpatient center for surgical services, clinic, or hospital"

3. Page 2, line 4.

Following: "whether the"

Insert: "patient's"

Following: "network"

Insert: "if the network is known by the health care provider"

4. Page 2, line 5 through line 6.

Strike: "L" through "sooner" on line 6

5. Page 2, line 11.

Strike: "except if the patient elects to opt out under subsection (6),"

Following: "parties;"

Insert: "and"

6. Page 2, line 14.

Strike: "; and"

Insert: "."

7. Page 2, line 16 through line 17.

Strike: "i" on line 16 through "(a)" on line 17

8. Page 2, line 17 through line 18.

Strike: "; and" on line 17 through "office" on line 18

9. Page 2, line 19.

Strike: "providers will"

Insert: "provider shall"

10. Page 2, line 21.

Strike: "that provider"

Insert: "those health care providers"

11. Page 2, line 22.

Strike: "The"

Insert: "If the health care provider reasonably knows or can readily ascertain that the services of a nonparticipating health care provider are necessary, the"

12. Page 2, line 23.

Strike: "medical procedure or"

13. Page 2.

Following: line 26

Insert: "(8) For the purposes of this section, the term "health care provider" includes an outpatient center for surgical services, a clinic, or a hospital."

14. Page 3, line 9 through line 11.

Strike: "The request" on line 9 through "sooner." on line 11

Insert: "The summary or estimate of coverage must be provided within 10 business days of an insured's or agent's request. If the request is made within 10 business days of the medical procedure, the health insurer shall provide the summary verbally."

15. Page 3, line 17.

Strike: "and under 50-4-512"

16. Page 3, line 18 through line 19.

Strike: "and in a separate" on line 18 through "information" on line 19

17. Page 3, line 20.

Strike: "of charges"

Insert: "or estimate of coverage"

18. Page 3, line 21.

Strike: "charges"

Insert: "costs"

19. Page 3, line 22.

Following: "The"

Insert: "health"

20. Page 3, line 23 through line 25.

Strike: line 23 through line 25

Insert: "health care provider. The health insurer shall provide access to a list of participating health care providers within a reasonable distance of the insured. The list must be physically provided upon request."

21. Page 3.

Following: line 29

Insert: "NEW SECTION. **Section 7. {standard} Applicability.**
[This act] applies to health insurance plans and policies issued
or renewed on or after [the effective date of this act]."

- END -

HOUSE BILL NO. 498

INTRODUCED BY K. WILLIAMS

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING HEALTH CARE PROVIDER NETWORK DISCLOSURE LAWS; PROVIDING ADDITIONAL INFORMATION AND CONTROL TO HEALTH CARE CONSUMERS; PROVIDING CONSUMER NOTICE PROCEDURES FOR NONNETWORK HEALTH CARE COSTS; PROVIDING CONDITIONS FOR A CONSUMER REQUESTING INFORMATION REGARDING NONNETWORK HEALTH CARE COSTS; AMENDING SECTIONS 50-4-504, 50-4-511, 50-4-512, 50-4-517, AND 50-4-518, MCA; AND PROVIDING AN EFFECTIVE DATE." *and an applicability date*

^

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-4-504, MCA, is amended to read:**"50-4-504. Definitions.** As used in this part, the following definitions apply:

(1) "Health care" includes both physical health care and mental health care.

(2) "Health care provider" or "provider" means a person who is licensed, certified, or otherwise authorized by the laws of this state to provide health care in the ordinary course of business or practice of a profession.

(3) "Health insurer" means any health insurance company, health service corporation, health maintenance organization, multiple employer welfare arrangements authorized under Title 33, chapter 35, insurer providing disability insurance as described in 33-1-207, and to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities."**Section 2.** Section 50-4-511, MCA, is amended to read:**"50-4-511. Legislative purpose.** The purpose of 50-4-510 through 50-4-512 is to provide health care consumers with better information on and control over the cost of their medical care and to introduce elements of competition into the marketplace."**Section 3.** Section 50-4-512, MCA, is amended to read:**"50-4-512. Disclosures required of health care providers.** (1) Upon request of a patient or a patient's

agent, a health care provider, ~~outpatient center for surgical services, clinic, or hospital~~⁹ shall provide the patient or the patient's agent with its estimated charge for a health care service or course of treatment that exceeds \$500. The estimate must be provided for a service that a patient is receiving or has been recommended to receive and ^{patient's} ~~must indicate whether the health care provider participates in the insurer's provider network.~~ ^{if the network is known by the} The estimate must be provided at the time the service is scheduled or within 10 business days of the patient's or agent's request, ^{health care provider} ~~whichever is sooner.~~⁹

(2) The patient or patient's agent may request that the information required under this section be provided in writing or electronically.

(3) The estimated charge:

(a) must represent a good faith effort to provide accurate information to the patient or the patient's agent;

(b) ~~except if the patient elects to opt out under subsection (6),~~ ⁹ is not a binding contract upon the parties; ^{and}

and

(c) is not a guarantee that the estimated amount will be the charged amount or will account for unforeseen conditions; ^{and}

(4) A health care provider shall advise patients of their rights under this section and under 50-4-518 using the following methods of delivery:⁹

~~(a) in writing at the time the medical care or service is scheduled; and~~⁹

~~(b) in a posted notice, prominently displayed, in the health care provider's waiting room and billing office.~~⁹

^{Keep} (5) ~~The~~ ^{Provider} health care providers will inform the patient if other health care providers may be necessary to the completion of the required medical care and indicate that the estimate of those charges must be obtained from ~~that provider~~ ^{those health care providers} separately.

^{If the health care provider reasonably knows or can readily ascertain...} (6) The health care provider shall offer the patient the opportunity to opt out of receiving services from a nonparticipating health care provider during a medical procedure or course of treatment involving several different health care providers.⁹

(7) This section does not apply to emergency medical services provided for the treatment of an emergency medical condition."

(8) *For the purposes of this section, the term "health care provider"...*

Section 4. Section 50-4-517, MCA, is amended to read:

"50-4-517. Legislative purpose. The purpose of 50-4-516 through 50-4-518 is:

(1) to provide health care consumers with better information on and control over ⁹ regarding the portion

1 of their health care costs that will be paid by their health insurer and the portion that they will have to pay
2 themselves; and

3 (2) to introduce elements of competition into the marketplace."
4

5 **Section 5.** Section 50-4-518, MCA, is amended to read:

6 **"50-4-518. Disclosures required of health insurers -- limitations.** (1) When requested by an insured
7 or the insured's agent, a health insurer shall provide a summary of the insured's coverage for a specific health
8 care service or course of treatment when an actual charge or estimate of charges by a health care provider,
9 outpatient center for surgical services, clinic, or hospital exceeds \$500. ~~The request must be made orally or in~~
10 ~~writing, including electronic delivery, and must be provided at the time the service is scheduled or within 10~~
11 ~~business days of the patient's or agent's request, whichever is sooner.~~ *The summary or estimate of coverage must be...*

12 (2) The insured or insured's agent may request that the information required under this section be
13 provided in writing or electronically.

14 (3) The health insurer shall make a good faith effort to provide accurate information under this section.
15 The health insurer is only required to provide information under this section based upon cost estimates and
16 procedure codes obtained by the insured from the insured's health care provider.

17 (4) A health insurer shall advise insureds of their rights under this section ~~and under 50-4-512~~ in the
18 ~~outline of coverage and in a separate written notice, delivered electronically or by mail. The notice must contain~~
19 ~~a phone number the insured may call for more information.~~ *or estimate of coverage*

20 (5) The summary of ~~charges~~ *costs* must include information about out-of-pocket charges if the insured incurs
21 ~~charges from nonparticipating health care providers.~~ *health*

22 (6) ~~The insurer shall inform the insured of the right to opt out of receiving services from a nonparticipating~~
23 ~~physician by signing a form provided by a health care provider. The insurer shall also provide a list of available~~
24 ~~participating providers who are located within a reasonable distance and available to provide the same medical~~
25 ~~service.~~ *health care provider. The health insurer will provide access to...*

26 (7) This section does not apply to emergency medical services provided for the treatment of an
27 emergency medical condition."
28

29 **NEW SECTION. Section 6. Effective date.** [This act] is effective January 1, 2016.

30 → **Insert. Section 7. Applicability**
- END -